



E 5 OCT 1971

NATIONAL BLOOD TRANSFUSION SERVICE

(REGION XI-WALES)

Medical Director: Dr. R. DRUMMOND

All Correspondence should be

Addressed to "The Director"

TELEPHONE: PENTYRCH 302

RD/GC

Dr. W. d'A. Maycock,
The Lister Institute,
Elstree, Herts.

Dear Dr. Maycock,

WELSH REGIONAL TRANSFUSION CENTRE,
RHYD-LAFAR, ST. FAGANS,
CARDIFF,
CF5 6XF

4th October, 1971.

Au. Antigen testing.

Being unable to recruit technicians, and not having electrophoresis apparatus, we have not even made a start with Au. testing, nor are we likely to be able to do so until we can recruit technicians and, of course, have the necessary machinery. I have told the Board that screening ought to be done here, and the P.H.L.S. used for reference purposes, in accord with N.B.T.S. policy. Pressures, however, mount up which I cannot do anything about. The clinical staff of the teaching hospitals, including kidney transplant team, insist that all blood they use be tested for Au. antigen, as I think I mentioned when you were here. The P.H.L.S. has a microbiologist and technical staff and are testing all blood the B.T.S. sends to the teaching hospitals, also all new donors. Blood sent to the teaching hospitals amounts to about 1/5 to 1/6 of all blood issued to all hospitals in the region. Of donors bled, 1 in 6 is a new donor. I am powerless to do anything, and it is clear I shall be jockeyed out of position in this matter. The P.H.L.S. has actually told the hospital board that if the B.T.S. does the screening, there will be little or no work for the P.H.L.S. lab. staff! That is not my fault. Once the P.H.L.S. take over this work, meaning all donors bled, the B.T.S. will not get it back. My chief technicians would resent this, as they have made clear to me.

It is manifestly useless for me to oppose the P.H.L.S. if the B.T.S. cannot do the work. The Hospital Board has arranged a meeting to decide Au. testing policy on 12th October at which I, the Deputy S.A.M.O. and the new Director of the P.H.L.S. (and presumably Dr. A. Evans) will be present. Obviously, I shall be outvoted on this issue. I am bound to give way. Medical staff committees throughout the region would be uniformly of the opinion that if the B.T.S. can't do this work, then the P.H.L.S. should do it (being willing and able, in fact, to do it).

I have told the Board that, in my view, we should at least have the apparatus here, so that we can do limited screening. Thus, we occasionally get very urgent demands for units of fresh blood for Leukaemia, for heart surgery, etc., and we ought to be able to test these ourselves. At present this ordinarily goes by default.

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Without machinery here, we would have to send samples to the P.H.L.S. 6 or 7 miles away, inevitably by taxi sometimes since our own transport may be out on the roads. Whatever the transport, it means loss of time and more expense. These considerations apart, immuno-electrophoresis is a technique of growing importance, having applications other than Au. antigen testing, and B.T.S. ought to have the opportunity of using this method.

The technician position remains as unsatisfactory as ever. One B. Sc. taken on earlier this year has gone to better paid employment in industry, the other will probably shortly leave. I see little hope of the position improving as there is a shortage of technicians in the Cardiff hospitals.

Yours sincerely,

GRO-C: Drummond